

EMPLOYEE EXIT CHECKLIST

Employee Name: _____ Last Day Worked: ____/____/____
 Employee Title: _____ Manager/Supervisor: _____

Reason for leaving: Quit Terminated Seasonal Other: _____

____ Keys to building and equipment: Laptop, camera, ipad, credit card, cell phone

____ New address / phone number: _____/_____

____ Voicemail password / computer password: _____/_____

Employee Signature (not required) _____
Date

Would you hire again? Yes No Comments: _____

Manager/Supervisor Signature _____
Date

Payroll Use

- ____ Cobra: Health Accept/Decline Cobra letter – 18 months if retire/terminate & 36 months divorce
- ____ Terminate on BCBS portal (1st or 16th) and on BCBS worksheet
- ____ Cobra: Dental Accept/Decline. Terminate Dental portal. – 18 mos if retire/terminate & 36 mos divorce
- ____ Terminate Discovery portal Flex - medical, dep. care – contact Discovery benefits for details 1-866-451-3399
- ____ Flex Other: life, accident, cancer – to continue on your own contact Azurance 1-701-795-5356
- ____ Terminate on Madison Disability/Life Worksheet - Website www.NIS.com
- ____ Conversion of Life Insurance: – pay out of pocket www.nisbenefits.com
- ____ Pension Paperwork: Old / New – terminate NDPERS. www.ndpers.nd.gov. Contact for options 1-800-803-7377
- ____ Deferred comp – Contact Nationwide for options 1-877-677-3678
- ____ Vacation payout amount: _____ Sick payout amount: _____ Same pay date as last paycheck.
- ____ Take off Vacation/Pension worksheet
- ____ Name on Plaque/Org chart/approved salary/job description/delete NRPA membership
- ____ Sierra: deactivate as supervisor/ update Supervisor list
- ____ Notify Leif: email & active directory/Annette: mileage & phone / Christine & Dan: membership / Jill: media
 Ross: phone list & all employee email

Employees receiving Park District pension:
 CHF/KW/Linc membership